NONPROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED Sep 23 1998 8:00am <sup>3</sup> Secretary of State
	COAST PROFESSIONAL PHOT	OGRAPHERS ASSOCIA	rion,	a the filler are differentially break times the break break areas areas areas areas
INC	Place of Business			
•		Mailing Address		
8998-A SEMINOLE BLVD SEMINOLE FL 34642-3850 US		8998-A SEMINOLE BLVD SEMINOLE FL 33772 US		3. Date Incorporated or Qualified 09/09/1987
03	•	00	1	4. FEI Number Applied For NOT APPLICABLE Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired 38.75 Additional
21 Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 City 8	State	27 City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeownere association?
23	· · · · · · · · · · · · · · · · · · ·	28		
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
LAKE.	DAVID			Address (P.O. Box Number is Not Acceptable)
8998-	A SEMINOLE BLVD		83	01 Onew St. #8
SEMI	IOLE FL 33772			
44 Dum	ant to the provisions of positions 617.0502	and \$17 1509 Florida Statutes 1	[ ] ~ (	poretion submits this statement for the purpose of changing its registered
office	or registered agent, or both, in the State a . I am familiar with, and accept the obligation	of Florida. Such change was auth tions of, section 617.0503, Florid	norized by the corpor a Statutes.	ation's board of directors. I hereby accept the appointment as registered
12.			E: Registered Agent signatur 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Pressident Change Addition
TITLE NAME	P LAKE, DAVID	X DELETE	1.1 TITLE 1.2 NAME	President Dechange Addition
STREET ADD			1.3 STREET ADDRESS	Stormes, Barbara 1701 Drew St. H8 D
CITY-ST-ZIP TITLE	SEMINOLE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Cleanwater, FL 33755
NAME	STORMES, BARBARA	(XI DELETE	2.2 NAME	Jaka Dayud
STREET ADD	not blick of old o		2 3 STREET ADDRESS	8998-A SUMinole Blud. D
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	Seminale, FL 33722 Tres. Richarge Addition
NAME STREET ADD	ALUSON, TERRY		3.2 NAME 3.3 STREET ADDRESS	Warmolls, Kim pl D
CITY-ST-ZIP	RESS 901 34 ST, SOUTH ST PETERSBURG FL 33711		3.4 CITY-ST-ZIP	797 Appaloosa Ral Tanna Social EL 34689
TITLE	ST		4.1 TITLE	Change Addition
NAME STREET ADD	WARMOLTS, L K RESS 997 APPALOOSA RD		4.2 NAME 4.3 STREET ADDRESS	By Mess Lec
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP	CLEANTER FL 33160
TITLE NAME		DELETE	6.1 TITLE 5.2 NAME	Change Addition
STREET ADD	BARROWS, KAREN		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP	
		DELETE	6.1 TITLE 6.2 NAME	Change Addition
TITLE	LAKE, DAVID			
TITLE NAME STREET ADD	ESS 8849 109 LANE NORTH		6.3 STREET ADDRESS	
NAME STREET ADD CITY-ST-ZIP	SEMINOLE FL 34642		6.4 CITY-ST-ZIP	
NAME STREET ADD CITY-ST-ZIP 14.   here indice	SEMINOLE FL 34642 by certify that the information supplied will ted on this annual report or supplemental	annual report is true and accura	6.4 CITY-ST-ZIP exemption stated in te and that my signa	section 119.07(3)(I), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am
NAME STREET ADD CITY-ST-ZIP 14.   here indice an off	SEMINOLE FL 34642 by certify that the information supplied will ted on this annual report or supplemental	annual report is true and accura celver or trustee empowered to	6.4 CITY-ST-ZIP exemption stated in te and that my signa	section 119.07(3)(I), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am s required by Chapter 617, Florida Statutes; and that my name appears
NAME STREET ADD CITY-ST-ZIP 14.   here indice an off in Blo	SEMINOLE FL 34642 by certify that the information supplied with ted on this ennual report or supplemental icer or director of the corporation or the re	annual report is true and accura celver or trustee empowered to	6.4 CITY-\$1-ZIP exemption stated in te and that my signa execute this report a	ture shall have the same legal effect as if made under oath; that I am